

DIABETES IN KERSHAW COUNTY

SC Department of Health and Environmental Control

◆ Diabetes Control Program ◆ Chronic Disease Epidemiology Branch
Diabetes Initiative of South Carolina

Diabetes mellitus, a chronic disease characterized by elevated blood sugar levels, is a significant contributor to morbidity and mortality in South Carolina and throughout the United States. Diabetes can cause debilitating and costly complications such as blindness, renal failure, lower extremity amputations, and cardiovascular disease. Much of the health and economic burden of diabetes can be averted through known prevention measures.

In 1998, 5.7 percent of South Carolina adults, equivalent to approximately 163,000 adults, reported having been diagnosed with diabetes. Diabetes was the sixth leading cause of death in South Carolina claiming 1,029 lives in 1997 and contributing to another 3,014 deaths. This report presents the burden of diabetes in Kershaw county.

Behavioral Risk Factors

Table 1 displays the prevalence of major behavioral risk factors for diabetes and its complications in Kershaw county and SC in 1998.

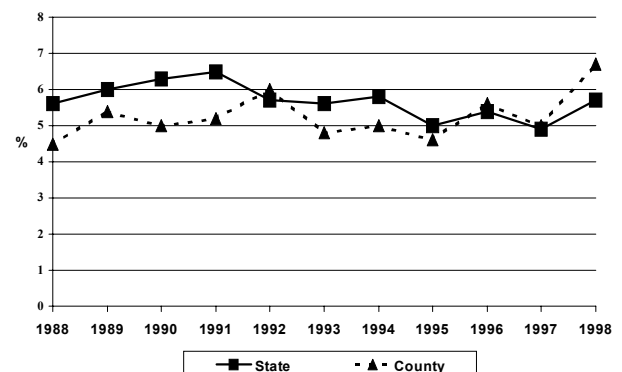
Table 1. Prevalence (%) of
Behavioral Risk Factors for Diabetes

	Kershaw County	SC
Overweight	57.1	52.3
Current Smokers	25.2	24.7
Physical Inactivity	60.0	61.6
Consuming fruits and vegetables less than 5-A-Day	74.9	78.2
High Cholesterol (1997)	23.2	24.4
Hypertension (1997)	27.1	26.7

Prevalence

In 1998 there were approximately 2,432 adults (6.7%) aged 18 and older living in Kershaw county who have been told by a doctor some time in their life that they have diabetes (Figure 1).

Figure 1. Prevalence of Self-Reported
Diabetes among Adults, Kershaw, 1988-1998



Morbidity and Complications

In 1997, there were 100 hospital discharges with diabetes as the primary diagnosis among Kershaw county residents. During the same year, there was an additional 984 hospital discharges with diabetes-related condition. Compared to whites, African-Americans had less hospitalizations for diabetes as the primary diagnosis - 45 (45%), and for diabetes as a related diagnosis - 337 (34%).

In 1997, hospital charges for hospitalizations of Kershaw county residents having diabetes as primary diagnosis were up to \$1,031 million and

\$11.8 million for diabetes as a related condition. The total length of hospital stay for diabetes as the primary diagnosis was 749 days.

Kershaw county patients with diabetes who had diabetes-related complications in 1997 included:

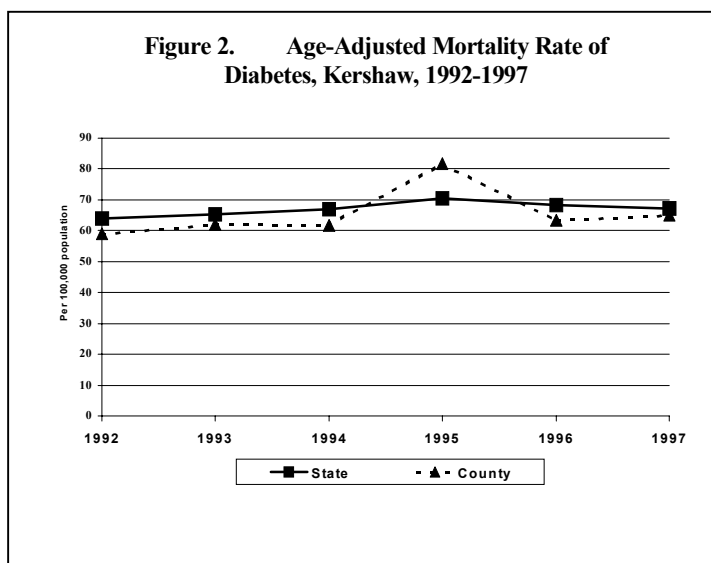
- 61 (5.6%) with renal manifestations;
- 28 (2.6%) with lower extremity amputations related to diabetes;
- 20 (1.8%) with diabetic ketoacidosis;
- 44 (4.1%) with renal failure;
- 19 (1.7%) with dialysis.

Adults with diabetes are at increased risk of developing cardiovascular disease. Out of 1073 hospitalizations for patients with diabetes, 834 (77%) had cardiovascular diseases, and 111 (10.3%) had stroke.

In 1997, there were 47 emergency room (ER) visits for diabetes as the primary diagnosis, among which 23 (48%) were for African-American patients. In addition, there were 180 ER visits for diabetes as a related condition. Total ER charges for diabetes as the primary diagnosis was \$35,361.

Mortality

In 1997, diabetes was listed as the underlying cause of death for 23 residents of Kershaw county. This is an age-standardized mortality rate of 39 per 100,000 population, close to the state average of 39.2 per 100,000 population (Figure 2). Diabetes was listed as a contributing cause in 39 deaths in Kershaw county; a standardized mortality rate of 65 per 100,000 population.



A total of 167 potential years of life were lost in 1997 because people died prematurely from diabetes. White men had the highest standardized mortality (76 per 100,000 population) among all race-sex groups.

Kershaw County Resources

Nancy Stone, RN
Fairfield Diabetes Initiative Group
Fairfield Memorial Hospital
PO Box 620
Winnsboro, SC 29180
(803) 635-5548

Kathy Brewer
DHEC Catawba HHS
PO Box 3057
Rock Hill, SC 29732
(803) 324-7480

Yaw Boateng, MS, MPH, RD
SC DHEC Diabetes Control Program
Division of Community Health
2600 Bull Street
PO Box 101106
Columbia, SC 29210
(803) 898-0537

